U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, cricivil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

Prather

1. File Number U -

Name Brian

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 2005 Through: 12 /

Name Operating Engineers Local Union No. 3

4. Name, file number, and address of labor organization.

	Labor Organization File Number 035-651	
P.O. Box, Bldg. Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1620 South Loop Road	Street 1620 South Loop Road	
City Alameda	City Alameda	
State California ZIP Code + 4,94502	State California ZIP Code + 4 94502	
5. Position in labor organization. Executive Board Member		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instruct ons):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City		
State ZIF Code + 4	e to the second	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, applicit, and complete. (See the section on penalties in the instructions.)		

Date

Telephone Number

Name of Person Filing Brian Prather	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Operating Engineers Credit Union Trade Name, if any: P.O. Box, Bldg Room No., if any Street 250 North Canyons Parkway City Livermore State California ZIP Code + 4 94551 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such deal ng. Local Union credit union.		
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Board meeting fee.		
C. Received from any employer (other than an employer covered und	12.b. Amount. \$440		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	or other thing of value. 14.a. Nature of payment.		
City			

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

State